

DECLARATION AND POWER OF ATTORNEY

U.S.A.

As a below-named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A SEMICONDUCTOR DEVICE, A METHOD OF MANUFACTURING THE SEMICONDUCTOR DEVICE AND A, the specification of which METHOD OF DELETING INFORMATION FROM THE SEMICONDUCTOR DEVICE is attached hereto.

☐ was filed on _____, as application Serial No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and acknowledge a duty to disclose information which is material to the examination of this application under 37 CFR 1.56(a). I hereby claim priority benefits under 35 U.S.C. §119 based on any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on the present invention, filed before the application(s) in which priority is claimed.

FOREIGN APPLICATION(S), IF ANY, REFERRED TO ABOVE			
COUNTRY	APPLICATION NO.	DATE	PRIORITY CLAIMED
JAPAN	8-156266	May 28, 1996	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
JAPAN	8-195437	July 5, 1996	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
JAPAN	8-293369	October 15, 1996	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
JAPAN	9-19860	January 17, 1997	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
JAPAN	9-119884	May 9, 1997	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

I hereby claim benefit under 35 U.S.C. §120 of any U.S. application(s) listed below. If the subject matter of any claim(s) of this application is not disclosed in the prior U.S. application(s) as required by paragraph one of 35 U.S.C. §112, I acknowledge a duty to disclose material information as defined in 37 CFR 1.56(a) regarding occurrences between the filing date of the prior application(s) and the national or PCT international filing date of this application.

SERIAL NUMBER	FILING DATE	STATUS

I hereby appoint Elliott I. Pollock, RN (Registration No.) 16,906; George Vande Sande, RN 17,276; Robert R. Priddy, RN 20,169; Burton A. Amernick, RN 24,852; Stanley B. Green, RN 24,351; Richard Wiener, RN 18,741; Townsend M. Belser, Jr., RN 22,956; Morris Liss, RN 24,510; Martin Abramson, RN 25,787; George R. Pettit, RN 27,369; Louis Woo, RN 31,730; Elzbieta Chlopecka, RN 32,767; and Eric Franklin, RN 37,134, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all communications to Pollock, Vande Sande & Priddy, P.O. Box 19088, Washington, D. C. 20036-3425.

All statements made herein of my own knowledge are true. All statements made on information and belief are believed to be true. These statements were made with the knowledge that willful false statements and the like so made are punishable by fine, imprisonment, or both, under 18 U.S.C. 1001 and may jeopardize the validity of the application or any patent issuing thereon.

Note: Please sign one full given name and your surname, using initials where appropriate for other names. It is important that the name be consistent throughout the application papers. Signing of an application more than five weeks prior to filing or an undated application is not acceptable to the Patent and Trademark Office except for receiving an initial filing date.

- Full name of inventor Kohei EGUCHI Date: May 14, 1997

Inventor's signature Kohei Eguchi

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☒ See additional page for additional inventors, if checked.

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Post Office Address _____
9. Full name of inventor _____ Date: _____
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Residence _____
Citizenship _____
Post Office Address _____
10. Full name of inventor _____ Date: _____
Inventor's signature _____
Residence _____
Citizenship _____
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12. Full name of inventor _____ Date: _____
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